

## Additional file 4: Case Report Form – Admission

<b>ER Attendance bloods</b>	White blood cell count (WBC): _____(x10 <sup>9</sup> /L)	
	Neutrophil granulocytes (% of WCC): _____%	
	CRP: _____(mg/l)	
<b>Ultrasound Scan</b>	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	Date and time: __/__/____, __:__ (dd/mm/yyyy, hh:mm)	
	No abnormalities <input type="checkbox"/> , Visualized <input type="checkbox"/> , Thickened <input type="checkbox"/> , free fluid <input type="checkbox"/>	
	Other: _____	<input type="checkbox"/>
<b>CT</b>	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	Date and time: __/__/____, __:__ (dd/mm/yyyy, hh:mm)	
	No abnormalities <input type="checkbox"/> , Visualized <input type="checkbox"/> , fluid <input type="checkbox"/> , fat stranding <input type="checkbox"/> , dilatation <input type="checkbox"/> , wall thickened <input type="checkbox"/> , fecalith <input type="checkbox"/> , perforation <input type="checkbox"/>	
	Other: _____	<input type="checkbox"/>
<b>Pre-op repeat blood - PSP</b>	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	Date and time: __/__/____, __:__ (dd/mm/yyyy, hh:mm)	
<b>Operation</b>	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	Date and time: __/__/____, __:__ (dd/mm/yyyy, hh:mm)	
	Open (McBurney's incision <input type="checkbox"/> ) , (Midline laparotomy <input type="checkbox"/> )	<input type="checkbox"/>
	Laparoscopic	<input type="checkbox"/>
	Laparoscopic converted to open (McBurney's incision)	<input type="checkbox"/>
	Laparoscopic converted to open (Midline laparotomy)	<input type="checkbox"/>
	Other: _____	<input type="checkbox"/>
<b>Intra-op findings</b>	Appendix normal	<input type="checkbox"/>
	Acute appendicitis	<input type="checkbox"/>
	Gangrenous appendicitis	<input type="checkbox"/>
	Perforated appendicitis or phlegmon	<input type="checkbox"/>
	Periappendicular abscess	<input type="checkbox"/>
	Other: _____	<input type="checkbox"/>
<b>Complications</b>	No complications	<input type="checkbox"/>
	Grade I	<input type="checkbox"/>
	Grade II (medications only)	<input type="checkbox"/>
	Grade IIIa (intervention under local anesthetic)	<input type="checkbox"/>
	Grade IIIb (intervention under general anesthesia)	<input type="checkbox"/>
	Grade IVa (organ failure, admission to ICU)	<input type="checkbox"/>
	Grade IVb (multi-organ failure, admission to ICU)	<input type="checkbox"/>
	Grade V (Death)	<input type="checkbox"/>
<b>Type of complication</b>	Highest grade: _____	
<b>Date of discharge</b>	Yes, with operation <input type="checkbox"/> , without operation <input type="checkbox"/>	<input type="checkbox"/>
	Date and time: __/__/____, __:__ (dd/mm/yyyy, hh:mm)	
	No (death): __/__/____, __:__ (dd/mm/yyyy, hh:mm)	<input type="checkbox"/>
<b>Histopathology report</b>	Appendix normal	<input type="checkbox"/>
	Acute appendicitis	<input type="checkbox"/>
	Gangrenous appendicitis	<input type="checkbox"/>
	Perforated appendicitis or phlegmon	<input type="checkbox"/>
	Periappendicular abscess	<input type="checkbox"/>
	Other: _____	<input type="checkbox"/>